

MDOC – Housing Division Shelter + Care Program End of Participation Form

Full Name of Applicant: (last) _____ (first) _____ (middle initial) ____ **AT#** _____

Exit Date from Program: _____

Destination

- | | |
|--|---|
| <input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth)
<input type="checkbox"/> Permanent housing formerly homeless persons (such as SHP, S+C or SRO Mod Rehab)
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center
<input type="checkbox"/> Hospital (non-psychiatric)
<input type="checkbox"/> Jail, Prison, or Juvenile Detention Facility
<input type="checkbox"/> Room, Apartment, or House that you Rent
<input type="checkbox"/> Apartment or House that you Own
<input type="checkbox"/> Staying or Living in a Family Member's Room, Apartment, or House | <input type="checkbox"/> Staying or Living in a Friend's Room, Apartment, or House
<input type="checkbox"/> Hotel or Motel Paid for without Emergency Shelter Voucher
<input type="checkbox"/> Foster Care Home or Foster Care Group Home
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station)
<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Deceased
<input type="checkbox"/> Other
<input type="checkbox"/> Don't Know (means individual doesn't know)
<input type="checkbox"/> Refused
<input type="checkbox"/> If other, Specify _____ |
|--|---|

Tenure

- ☐
- Permanent
-
- ☐
- Temporary
-
- ☐
- Don't Know (means individual doesn't know)
-
- ☐
- Refused

Subsidy Type

- ☐
- None
-
- ☐
- Public Housing
-
- ☐
- Section 8
-
- ☐
- S+C
-
- ☐
- HOME Program
-
- ☐
- HOPWA Program
-
- ☐
- VASH Housing Subsidy
-
- ☐
- Other Housing Subsidy
-
- ☐
- Don't Know (means individual doesn't know)
-
- ☐
- Refused

Reason for Leaving

- ☐
- Left for a housing opportunity before completing program
-
- ☐
- Completed Program
-
- ☐
- Non-payment of rent/occupancy charge
-
- ☐
- Non-compliance with program
-
- ☐
- Criminal activity/destruction of property/violence
-
- ☐
- Reached maximum time allowed by program
-
- ☐
- Needs could not be met by program
-
- ☐
- Disagreement with rules/persons
-
- ☐
- Death
-
- ☐
- Unknown/disappeared

Case Manager Signature: _____

Date _____